

Part I (of III) – Application for Program

Name of Subrecipient		NEW RIVER SOIL & WATER CONSERVATION DISTRICT		DEQ Subrecipient Agreement #:		17620							
Application Number: (Issued by Subrecipient)			Contract Number:			Application Date:							
First Name:				Middle Initial:				Last Name:					
Business/Organization (Farm) Name								VA Fiscal Yr:		2025			
TMDL Implementation Plan/Project				ELK CREEK									
Address:								City/County:					
State:				Zip code:				S.S. Number or Tax ID					
Telephone Number:		(H)				(W)				(M)			

APPLICANT CERTIFICATION: I understand that applying to participate in any DEQ Nonpoint Source (NPS) cost-share program(s) does not guarantee that any or all of my request will be funded. In the event that all or part of my request is funded, I certify the following: I agree to install and maintain all best management practices (BMP) receiving cost-share through the DEQ NPS Program according to applicable standards and specifications as expressed in either the Department of Conservation and Recreation's (DCR) "Agricultural BMP Cost-Share Manual", or DEQ's "Nonpoint Source Implementation Best Management Practice Guidelines." I understand that my period of responsibility begins with the acceptance of payment and extends through the lifespan of the BMP in accordance with applicable standards and specifications. I understand that the lifespan begins on January 1 of the calendar year following the year of certification of completion. I understand that a BMP is subject to verification by the funding agency(ies) or their designee throughout the BMP lifespan. I agree to allow funding agency personnel or their designee access to private property under my control for the purpose of evaluation, design, construction and inspection of said BMP(s) from this date forward through the required lifespan of each BMP. I agree to refund to the Subrecipient identified on this form all or part of the cost-share and/or tax credit I receive if my BMP(s) is/are found not to meet applicable standards and specifications at the time installation, during spot check or if the BMP(s) is/are removed or not properly maintained during the lifespan of the BMP(s). I understand that the sale, lease, or changed use of the property will not exempt me from fulfilling this/these requirement(s). Should the property change ownership or leasehold during the lifespan of the BMP, I agree to complete an agreement transferring responsibility for BMPs (see attached example agreement) signed by all involved parties and submit that signed form to the Subrecipient identified on this form. I understand I will be held responsible for the operation and maintenance of the BMP(s) for the duration of the BMP lifespan if the above referenced transfer agreement is not completed and submitted to the Subrecipient. The voluntary participation in this program does not relieve or relinquish me and my property (or farm operation) from compliance with ordinances, laws, and regulations that may exist at any level of government. I agree to allow the release of information related to location and extent of BMPs associated with this contract. I understand that cost-share funds are considered income and that I am responsible for compliance with all tax requirements including requirements of the Internal Revenue Service.

REQUIREMENTS APPLICABLE TO DEQ NPS COST-SHARE PROGRAMS

☐	Agricultural: The DEQ NPS Program has a \$300,000 per applicant per program year (July 1 thru June 30) limit. This limit applies to an individual practice, as well as any aggregation of smaller practices that are DEQ-funded. I certify that I will not accept DEQ NPS Cost-share funds that exceed the applicant limit whether funds are issued by a single SWCD or multiple SWCDs during a program year.
☐	Residential Septic: The DEQ NPS Program has a baseline of 50% cost-share funding, and can be increased up to 90% based on income eligibility and locality fiscal stress designation. I understand that I can request that the cost-share payment be made directly to the contractor or technical service provider (TSP) for on-site sewage disposal practices with the exception of septic tank pump-out. I understand that I must complete the "Assignment of On-Site Sewage Disposal Practices Cost-Share Payment Authorization Form" (TSP form) and submit this to the Subrecipient in order for this to occur. I understand I must submit documentation of my yearly adjusted gross income in order to receive maximum cost-share eligibility (beyond 50%).

Applicant Signature: _____

Date: _____

(Signed original to be retained by the Subrecipient; a copy provided to the participant; and if requested, a redacted copy provided to DEQ. A completed contract contains Parts I, II, and III and copies of associated documentation. DEQ has provided funding to the Subrecipient. DEQ is not a party to this contract between the Subrecipient and the participant.)